U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2206 9

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

| Name Shawn | McCullough | Name | United Union | of Roofers | | |
|--|--|--|------------------------|---------------------|----------|--|
| | | Labor | Organization File Nu | ımber 032-653 | | |
| P.O. Box, Bldg., Room No., if any | | P.O. Box, Building and Room Number, if any | | | | |
| Street 6447 Torresdale Avenue | | Street | 6447 Torrecd | ale Avenue | | |
| City Philadelphia | | City | Philadelphia | | | |
| State Pennsylvania | ZIP Ccde + 4 19135 | State | Pennsylvania | ZIP Code + 4 19135 | | |
| 5. Position in labor organization. | al Reprisentative | | | | ···- | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (excep: as specified in the exclusions set forth in the instructions): | | | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | | | |
| 6. Name and address of Employer (including trade name, if any). | | 7.a. Nat | ure of Interest, Trans | eaction, or Income. | | |
| Name | | | | | | |
| Trade Name, if any: | | | | | | |
| P.O. Box, Bldg., Room No., if any | | 7.1.2 | | | | |
| Street | | 7.b. Am | ount, | | | |
| | | | | | | |
| City | | | | | | |
| State | ZIP Ccde + 4 | <u></u> | | b | | |
| Signature | | | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | | | |
| Signed Dean My (| Co. X | On | 8/12/2005 | 215-331-8770 | | |
| | The state of the s | | Date | Telephone Number | | |
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| B. Held an interest in or derived income or econornic benefit with monetary value from a business (1) a substantial part of which consists of buying from, se'ling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | |
|---|--|--|--|--|--|
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | 9. Business deals with: a. Labor Organizε tion b. Trust c. Employer | | | | |
| City State ZIP Code + 4 | | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: | 11.a. Nature of such deal ng. | | | | |
| P.O. Box, Bldg., Room No., if any Street | | | | | |
| City State ZIP Code + 4 | Approximate dollar value of such dealing. Nature of interest he d or income received. | | | | |
| | 12 h Amount | | | | |

| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | | |
|--|---------------|---|--------------------------|--|--|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | | | 14.a. Nature of payment. | | |
| Name | | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | |
| Street | | ! | | | |
| City | | | | | |
| State | ZIP Code + 4 | | | | |
| 13.b. Is the Business an Employer | or Consultant | ? | 14.b. Amount of payment. | | |

FORM LM-30 Fiscal Year: 1/1/2004 – 12/31/2004

Name of Person Filing: Shawn McCullough

As I was not aware of the report and requirement for filing Form LM-30, for the period January 1, 2004 to December 31, 2004, accurate records of reportable occurrences were not kept for the 2004 fiscal year. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for this period, I will immediately file an amended Form LM-30.